

COUNTY OF SAN DIEGO



GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK



APPLICATION FOR BIRTH RECORD BY MAIL \$18.00 / BIRTH CERTIFICATE

Effective July 1, 2003, California State Law, Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** Please indicate below whether you would like a Certified Copy or a certified Informational Copy.

☐ I would like a **Certified copy** of the record identified on the application form. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)*

☐ I would like a certified **Informational Copy** of the record identified on the application form. *(You are not required to select from the list below or complete the statement of identity in order to receive an Informational Copy.)*

- I am:
- ☐ The registrant (person named on certificate) or a parent or legal guardian of the registrant.
 - ☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirement of Section 3140 or 7603 of the Family Code.
 - ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
 - ☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
 - ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.

BIRTH INFORMATION (PLEASE PRINT OR TYPE) - \$18.00 for each certified copy

Name on Certificate – First Name	Middle Name	Last Name
Mother's Full Maiden Name		Date of Birth
County of Birth		No. of Copies

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Name on Certificate – First Name	Middle Name	Last Name
Mother's Full Maiden Name		Date of Birth
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Mother's Full Maiden Name		Date of Birth
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BIRTH INFORMATION (PLEASE PRINT OR TYPE) - \$18.00 for each certified copy

Name on Certificate – First Name	Middle Name	Last Name
Mother's Full Maiden Name		Date of Birth
County of Birth		No. of Copies

Note: The Statement of Identity must accompany this request in our office before a certificate can be issued.

Requestor's Name: _____

PLEASE PRINT

STATEMENT OF IDENTITY

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate	Type	No. of Copies	Relationship to Person Listed on Certificate
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		

Sworn this _____ day of _____, 20_____, at _____, _____.

(Day) (Month) (City) (State)

(Signature)

Note: If submitting your order by mail and requesting a Certified Copy (not an Informational Copy), you must have your sworn statement notarized using the Certificate of Acknowledgement below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant.

Only one notarization is required even though the requester may have a different authorized relationship to each record being requested, (i.e. Mother on one request, Registrant on another request, etc.).

CERTIFICATE OF ACKNOWLEDGEMENT

State of _____

County of _____

On _____, before me personally appeared _____,

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

NOTARY SIGNATURE

Mail Certificate to:

Name _____

Address _____

City, State, Zip _____

Email _____

Phone (____) _____

Number of Birth _____ x \$18.00 = _____

Number of Death _____ x \$13.00 = _____

TOTAL = _____

Please mail this request along with your payment to:

San Diego Recorder/County Clerk
P.O. Box 121750
San Diego, Ca 92112-1750